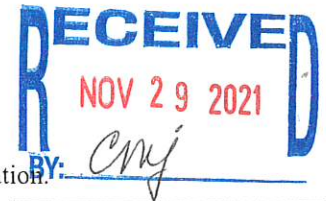




# CAMPAIGN FINANCE REGISTRATION STATEMENT

## STATE OF WISCONSIN



Note: An amended registration statement must be filed within 10 days of any changes in information.

1. Is this an Amendment? ☒ No ☐ Yes If yes, please enter your committee number:

Committee Number

### SECTION A: GENERAL INFORMATION

A1. Candidate Committee/Committee/Conduit Name <b>STEVEN MARC CAMPBELL</b>		A2. Registrant Type (Choose One) <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Referendum <input type="checkbox"/> Recall <input type="checkbox"/> Conduit <input type="checkbox"/> Political Action (PAC) <input type="checkbox"/> Independent Expenditure (IEC) <input type="checkbox"/> Political Party <input type="checkbox"/> Legislative Campaign Committee	
A3. Email <b>Souprman1607@gmail.com</b>	A4. Phone <b>920-639-1607</b>		
A5. Mailing Address <b>1207 N DANZ AVE</b>		A6. City <b>GREEN BAY</b>	A7. State <b>WI</b>
		A8. Zip <b>54302</b>	
Depository Institution Information			
A9. Institution Name <b>NICHOLET BANK</b>	A10. Street Address <b>2380 DUCK CREEK Pkwy</b>	A11. City <b>GREEN BAY</b>	A12. State <b>WI</b>
		A13. Zip <b>54303</b>	
Treasurer/Administrator Information			
A14. Name <b>Steven M Campbell</b>		A15. Email <b>Souprman1607@gmail.com</b>	A16. Phone <b>920-639-1607</b>
A17. Mailing Address <b>1207 N DANZ AVE</b>		A18. City <b>GREEN BAY</b>	A19. State <b>WI</b>
		A20. Zip <b>54302</b>	
Other Officers (Optional) <i>Independent and local non-partisan candidates: Indicate by an asterisk (*) which officers are authorized to fill a vacancy in nomination due to death of candidate.</i>			
A21. Name	A22. Title	A23. Email	A24. Phone
A25. Name	A26. Title	A27. Email	A28. Phone
Filing Exemption <i>Registrants that will not accept contributions, make disbursements, or incur obligations in an aggregate amount of more than \$2,000 in a calendar year are eligible for exemption from filing campaign finance reports. Exempt status is effective only for the calendar year in which it is granted. Registrants wishing to remain on exempt status must renew each year. Candidates may not claim exemption in the year of their election before the day they appear on the ballot.</i>		A29. Exemption Affirmation <input type="checkbox"/> Yes, this registrant is eligible for exemption <input checked="" type="checkbox"/> No, this registrant is not eligible for exemption	

### SECTION B: CANDIDATE COMMITTEES

B1. Office Sought (include District/Branch)		B2. Political Party	B3. Election Date
Candidate Information			
B4. Name	B5. Email	B6. Phone	
B7. Mailing Address	B8. City	B9. State	B10. Zip
Second Candidate Committee <i>An individual who holds a state or local elective office may establish a second candidate committee to pursue another state or local office.</i>		B11. Is this your only registered candidate committee in Wisconsin? <input type="checkbox"/> Yes, this is my only candidate committee in Wisconsin <input type="checkbox"/> No, this is my second candidate committee in Wisconsin	
B12. Other Office Held or Sought (include District/Branch) <i>Only complete B12 if you responded "No" to B11.</i>			

### SECTION C: RECALL COMMITTEES

C1. Name of Official Subject to Recall	C2. Office of Official Subject to Recall	C3. <input type="checkbox"/> Support <input type="checkbox"/> Oppose
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# CAMPAIGN FINANCE REGISTRATION STATEMENT

## STATE OF WISCONSIN

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### SECTION D: PAC, IEC, AND CONDUITS

D1. Sponsoring Organization	D2. Email	D3. Phone	
D4. Mailing Address	D5. City	D6. State	D7. Zip

### SECTION E: POLITICAL PARTY & LEGISLATIVE CAMPAIGN COMMITTEES

E1. Political Party (Name candidates appear under on a ballot)		E2. Does the Committee have a Segregated Fund? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Segregated Fund Depository Institution Information (if applicable)				
E3. Institution Name	E4. Street Address	E5. City	E6. State	E7. Zip

### SECTION F: REFERENDA COMMITTEES

F1. Nature of Referendum (if applicable)	F2. <input type="checkbox"/> Support <input type="checkbox"/> Oppose
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### SECTION G: CERTIFICATION

#### Accurate Information

I certify that I am an authorized representative of the registrant and that to my knowledge all of the information contained within this registration is true, correct, and complete.

#### Timely Amendments

I am aware of the requirement to amend this registration statement within 10 days of any change of information contained within, as well as the requirement to register within 10 days of meeting the requirements to register under Chapter 11 of Wisconsin Statutes.

#### Records Retention

I further acknowledge the requirement to maintain the records of the registrant in an organized and legible manner for three years from the date of the most recent election in which this registrant participated.

#### Ongoing Compliance

This registrant shall continue to maintain its registration and comply with all applicable reporting requirements under Chapter 11 of Wisconsin Statutes.

#### Treasurer/Administrator

G1. Printed Name Steven M. Campbell	G2. Signature <i>Steven Campbell</i>	G3. Date 11/29/21
Candidate (if applicable)		
G4. Printed Name Steven M. Campbell	G5. Signature <i>Steven Campbell</i>	G6. Date 11/29/21